

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SECOND NOTICE OF PRODUCTION FROM NON-PARTY

YOU ARE NOTIFIED that after ten (10) days from the date of service of this notice, if service is by delivery or e-mail, or 15 days from the date of service, if service is by mail, and if no objection is received from any party, the undersigned will issue or apply to the Clerk of this Court for issuance of the attached subpoenas directed to the following who is/are not a party, to produce the items listed at the time and place specified in the subpoenas:

AS TO B.P.S.:

- BOYS' HOME ASSOCIATION, LLC
- CHILD AND FAMILY GUIDANCE CENTER
- COMPREHENSIVE COMMUNITY HEALTH CENTER
- FLORIDA DEPARTMENT OF CHILDREN & FAMILIES
- FAIR AVENUE ELEMENTARY SCHOOL
- MEDI-CAL
- THE VILLAGE FAMILY SERVICES

AS TO P.L.S.:

- BOYS' HOME ASSOCIATION, LLC
- CHILD AND FAMILY GUIDANCE CENTER
- COMPREHENSIVE COMMUNITY HEALTH CENTER
- FLORIDA DEPARTMENT OF CHILDREN & FAMILIES
- MEDI-CAL
- THE VILLAGE FAMILY SERVICES

AS TO E.M.:

- BOYS' HOME ASSOCIATION, LLC
- FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing was provided via ☒ E-mail; ☐ First Class U.S. Mail; ☐ Facsimile Transmission and/or ☐ Hand-Delivery to Brian J. Cabrey, Esquire, Attorney for Plaintiff, BCABREY@ZISSER.NET, Zisser, Robison, Brown, Nowlis, Maciejewski, & Cabrey, P.A., One Independent Drive, Suite 3306, Jacksonville, Florida 32202, Fax no. (904-353-8808) on this 26th day of September 2013.

LYDECKER | DIAZ

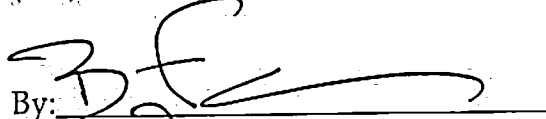
Attorneys for Defendant, Mental Health Resources Center, Inc. and Renaissance Behavioral Health Systems, Inc.

390 N. Orange Avenue, Suite 1295

Orlando, Florida 32801

(407) 255-2070 - Telephone

(407) 985-4545 - Facsimile

By: 

J.W. WEBB, ESQUIRE

Florida Bar No.: 0155012

BRYAN FARINAS, ESQUIRE

Florida Bar No.: 0090457

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Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Registered Agent: BROWN, ROBERT GJR
Boys' Home Association, LLC
2354 UNIVERSITY BLVD., N
JACKSONVILLE, FL 32211

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue, Suite 1295, Orlando, Florida 32801, on Monday, November 4, 2013 at 9:00 a.m., and to have with you at that time and place the following:

RECORDS OF:

B.P.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of the **COMPLETE FILE** pertaining to B.P.S., including but not limited to:

1. Documents pertaining to the removal of B.P.S. from his biological parents.
2. Documents pertaining to the placement of B.P.S. into foster care.
3. Documents pertaining to the removal of B.P.S. from foster care.
4. The complete personnel file(s) for any and all case managers assigned to B.P.S. while in foster care.
5. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to B.P.S..

6. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to in-home visits of B.P.S. while in foster care.
7. Any and all medical records pertaining to B.P.S., including medical examinations conducted by physicians and/or State personnel.
8. Any and all photographs of B.P.S.

It is the intent of this Subpoena that each and every document and thing in your care, custody, or control, or available to you, no matter how insignificant that item might appear to the party to whom this Subpoena is directed, be produced. This Subpoena encompasses all documents and things, regardless of how old, including anything that might be on microfilm/micro-fiche or kept at another location.

TO COMPLY WITH THIS SUBPOENA, YOU ARE TO PRODUCE EACH AND EVERY DOCUMENT OR THING WHICH HAS EVER BEEN A PART OF YOUR FILE.

If any document or thing is not produced, you are to identify that document or thing by date, title, author, and recipient; and identify the person, pursuant to whose instructions the documents or things were not produced, by name, address, and employer. These items will be inspected and may be copied at that time. You will not be required to surrender the original items.

YOU MAY COMPLY WITH THIS SUBPOENA BY PROVIDING LEGIBLE COPIES OF THE ITEMS TO BE PRODUCED TO THE ATTORNEY WHOSE NAME APPEARS ON THIS SUBPOENA ON OR BEFORE THE SCHEDULED DATE OF PRODUCTION THEREBY ELIMINATING YOUR APPEARANCE AT THE TIME AND PLACE SPECIFIED ABOVE.

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If you fail to (i) appear as specified; or (ii) furnish the records instead of appearing as provided above; or (iii) object to this Subpoena, you may be in contempt of Court. You are subpoenaed by the attorney whose name appears on this Subpoena, and unless excused from this Subpoena by the attorney or the Court, you shall respond to this Subpoena as directed.

Certification of Compliance With 45 CFR § 164.508, HIPAA

It is hereby certified that the undersigned party has complied with 45 CFR § 164.508 (HIPAA) by service of a "Notice of Production from Non-Party" (pursuant to Rule 1.351, Florida Rules of Civil Procedure) on the attorney for the individual who is the subject of the health information being requested.

(1) I have made a good faith attempt to provide written notice to the above-named patient that his/her protected health information has been subpoenaed:

(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and
(check one)

☐

No objections were filed; or

☐

All objections filed by patient were resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

DATED: _____, 2013.

FOR THE COURT

BY: 
BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral
And Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
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Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

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If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Child and Family Guidance Center
16861 Parthenia Street
North Hills, CA 91343

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

B.P.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of any and all medical records from the date of commencement of such records to the present
pertaining to the care, treatment, examination, evaluation, and/or transport for any condition or injury regardless of the
date thereof pertaining to the above-identified patient, including, but not limited to:

- | | | |
|---|--|--|
| * Reports | * <u>Statements/invoices/billing ledgers</u> | * Correspondence |
| * Workers' Compensation claims | * Orders | * Memoranda |
| * Therapy records (PT, OT, Speech, etc.) | | |
| * Patient History Questionnaires | * Counseling records/reports | * Summaries |
| * Hospital admission records | * Handwritten and typewritten notes | * Outpatient records |
| * Charts | * Prescriptions | * Consultation Reports |
| * Rehabilitation records | * Test results | * Pathology reports |
| * Emergency Room records | * Flight transport records | * Disability statements |
| * Radiation therapy records | * Lab tests/reports | * Video tapes |
| * Medication records | * Insurance claims | * Records from other
healthcare providers |
| * Assignments of Benefits | * Lien information | |
| * <u>X-rays, MRI's, CT Scans, Angiograms, Echocardiograms</u> | | |
| * <u>Doppler studies, and all other radiological studies or imaging</u> | | |

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YOU MAY COMPLY WITH THIS SUBPOENA BY PROVIDING LEGIBLE COPIES OF THE ITEMS TO BE PRODUCED TO THE ATTORNEY WHOSE NAME APPEARS ON THIS SUBPOENA ON OR BEFORE THE SCHEDULED DATE OF PRODUCTION THEREBY ELIMINATING YOUR APPEARANCE AT THE TIME AND PLACE SPECIFIED ABOVE.

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Certification of Compliance With 45 CFR § 164.508, HIPAA

It is hereby certified that the undersigned party has complied with 45 CFR § 164.508 (HIPAA) by service of a "Notice of Production from Non-Party" (pursuant to Rule 1.351, Florida Rules of Civil Procedure) on the attorney for the individual who is the subject of the health information being requested.

(1) I have made a good faith attempt to provide written notice to the above-named patient that his/her protected health information has been subpoenaed:

(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and (check one)

☐

No objections were filed; or

☐

All objections filed by patient were resolved by the court or the administrative tribunal and the

disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY: 

BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral and Mental Health Resource

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Defendants.

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THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Comprehensive Community Health Center
12157 Victory Blvd.
North Hollywood, CA 91606

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time
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RECORDS OF:

B.P.S. (see attached Pseudonym – not to be filled in the Court records)

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pertaining to the care, treatment, examination, evaluation, and/or transport for any condition or injury regardless of the
date thereof pertaining to the above-identified patient, including, but not limited to:

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| * Reports | * <u>Statements/invoices/billing ledgers</u> | * Correspondence |
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| * Therapy records (PT, OT, Speech, etc.) | | |
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healthcare providers |
| * Assignments of Benefits | * Lien information | |
| * <u>X-rays, MRI's, CT Scans, Angiograms, Echocardiograms</u> | | |
| * <u>Doppler studies, and all other radiological studies or imaging</u> | | |

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(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and
(check one)

☐ No objections were filed; or

☐ All objections filed by patient were resolved by the court or the administrative tribunal and the

disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY: 
BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral and Mental Health Resource

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THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Office of the Secretary of the
Florida Department of Children & Families
1317 Winewood Blvd.
Building 1, Rm. 202
Tallahassee, FL 32399

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 4, 2013 at 9:00 a.m., and to have with you at that time
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RECORDS OF:

B.P.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of the **COMPLETE FILE** pertaining to B.P.S., including but not limited to:

1. Documents pertaining to the removal of B.P.S. from his biological parents.
2. Documents pertaining to the placement of B.P.S. into foster care.
3. Documents pertaining to the removal of B.P.S. from foster care.
4. The complete personnel file(s) for any and all case managers assigned to B.P.S. while in foster care.

5. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to B.P.S..
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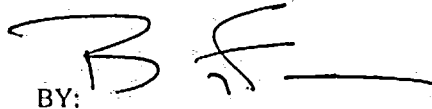
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FOR THE COURT

BY: 

BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
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Phone: (407) 255-2070
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Attorney for Defendants, Renaissance Behavioral
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THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Fair Avenue Elementary School
6501 Fair Avenue
North Hollywood, California 91606

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue, Suite 1295, Orlando, Florida 32801, on Monday, November 4, 2013 at 9:00 a.m., and to have with you at that time and place the following:

RECORDS OF:

B.P.S. (see attached Pseudonym – not to be filled in the Court records)

1. Any and all records, including but not limited to grades, testings, evaluations, reports, absences, medical records, notes, progress notes and/or reports, consultative reports, counseling reports/records, disciplinary records/reports, or any and all other information or records you have in your possession.

It is the intent of this Subpoena that each and every document and thing in your care, custody, or control, or available to you, no matter how insignificant that item might appear to the party to whom this Subpoena is directed, be produced. This Subpoena encompasses all documents and things, regardless of how old, including anything that might be on microfilm/micro-fiche or kept at another location.

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THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Medi-Cal
1501 Capitol Ave., MS 4400
Sacramento, CA 95814

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

B.P.S. (see attached Pseudonym – not to be filled in the Court records)

1. Any and all claims forms, applications for benefits, or other documentation which has been submitted for or on behalf of the plaintiff. For benefits for payment of any and all claims made by plaintiff.
2. Any and all notices of accident or occurrence submitted by or on behalf of plaintiff.
3. Any and all medical records, medical reports, x-rays or other documentation regarding the physical or mental condition of plaintiff.
4. Any and all applications for benefits completed by or on behalf of plaintiff.
5. A certified copy of the policy of insurance providing benefits to B.P.S.

6. The entire contents of your claim file including any and all claims for which the plaintiff received benefits.
7. Any and all correspondence between yourself and any other person regarding the claim of plaintiff.
8. Any and all documentation of any payment made including but not limited to the plaintiff and/or any of the plaintiff's health care providers.

It is the intent of this Subpoena that each and every document and thing in your care, custody, or control, or available to you, no matter how insignificant that item might appear to the party to whom this Subpoena is directed, be produced. This Subpoena encompasses all documents and things, regardless of how old, including anything that might be on microfilm/micro-fiche or kept at another location.

TO COMPLY WITH THIS SUBPOENA, YOU ARE TO PRODUCE EACH AND EVERY DOCUMENT OR THING WHICH HAS EVER BEEN A PART OF YOUR FILE.

If any document or thing is not produced, you are to identify that document or thing by date, title, author, and recipient; and identify the person, pursuant to whose instructions the documents or things were not produced, by name, address, and employer. These items will be inspected and may be copied at that time. You will not be required to surrender the original items.

*****YOU MAY COMPLY WITH THIS SUBPOENA BY PROVIDING LEGIBLE COPIES OF THE ITEMS TO BE PRODUCED TO THE ATTORNEY WHOSE NAME APPEARS ON THIS SUBPOENA ON OR BEFORE THE SCHEDULED DATE OF PRODUCTION THEREBY ELIMINATING YOUR APPEARANCE AT THE TIME AND PLACE SPECIFIED ABOVE.*****

You may condition the preparation of the copies upon the payment in advance of the reasonable cost of preparation. You may mail or deliver the copies to the attorney whose name appears on this Subpoena and thereby eliminate your appearance at the time and place specified above. You have the right to object to the production pursuant to this Subpoena at any time before production by giving written notice to the attorney whose name appears on this Subpoena.

If you fail to (i) appear as specified; or (ii) furnish the records instead of appearing as provided above; or (iii) object to this Subpoena, you may be in contempt of Court. You are subpoenaed by the attorney whose name appears on this Subpoena, and unless excused from this Subpoena by the attorney or the Court, you shall respond to this Subpoena as directed.

Certification of Compliance With 45 CFR § 164.508; HIPAA

It is hereby certified that the undersigned party has complied with 45 CFR § 164.508 (HIPAA) by service of a "Notice of Production from Non-Party" (pursuant to Rule 1.351, Florida Rules of Civil Procedure) on the attorney for the individual who is the subject of the health information being requested.

(1) I have made a good faith attempt to provide written notice to the above-named patient that his/her protected health information has been subpoenaed:

(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and
(check one)

☐

No objections were filed; or

☐

All objections filed by patient were resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY:


BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral
And Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
The Village Family Services
6736 Laurel Canyon Blvd., Suite 200
North Hollywood, CA 91606

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

B.P.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of any and all medical records from the date of commencement of such records to the present
pertaining to the care, treatment, examination, evaluation, and/or transport for any condition or injury regardless of the
date thereof pertaining to the above-identified patient, including, but not limited to:

- | | | |
|---|--|--|
| * Reports | * <u>Statements/invoices/billing ledgers</u> | * Correspondence |
| * Workers' Compensation claims | * Orders | * Memoranda |
| * Therapy records (PT, OT, Speech, etc.) | | |
| * Patient History Questionnaires | * Counseling records/reports | * Summaries |
| * Hospital admission records | * Handwritten and typewritten notes | * Outpatient records |
| * Charts | * Prescriptions | * Consultation Reports |
| * Rehabilitation records | * Test results | * Pathology reports |
| * Emergency Room records | * Flight transport records | * Disability statements |
| * Radiation therapy records | * Lab tests/reports | * Video tapes |
| * Medication records | * Insurance claims | * Records from other
healthcare providers |
| * Assignments of Benefits | * Lien information | |
| <u>* X-rays, MRI's, CT Scans, Angiograms, Echocardiograms</u> | | |
| <u>* Doppler studies, and all other radiological studies or imaging</u> | | |

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Certification of Compliance With 45 CFR § 164.508, HIPAA

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(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and (check one)

☐ No objections were filed; or

☐ All objections filed by patient were resolved by the court or the administrative tribunal and the

disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY: 

BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545

Attorney for Defendants, Renaissance Behavioral and Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Registered Agent: BROWN, ROBERT GJR
Boys' Home Association, LLC
2354 UNIVERSITY BLVD., N
JACKSONVILLE, FL 32211

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 4, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

P.L.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of the COMPLETE FILE pertaining to P.L.S., including but not limited to:

1. Documents pertaining to the removal of P.L.S. from his biological parents.
2. Documents pertaining to the placement of P.L.S. into foster care.
3. Documents pertaining to the removal of P.L.S. from foster care.
4. The complete personnel file(s) for any and all case managers assigned to P.L.S. while in foster care.
5. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to P.L.S..

6. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to in-home visits of P.L.S. while in foster care.
7. Any and all medical records pertaining to P.L.S., including medical examinations conducted by physicians and/or State personnel.
8. Any and all photographs of P.L.S.

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Certification of Compliance With 45 CFR § 164.508, HIPAA.

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(1) I have made a good faith attempt to provide written notice to the above-named patient that his/her protected health information has been subpoenaed;

(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and (check one)

☐

No objections were filed; or

☐

All objections filed by patient were resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

DATED: _____, 2013.

FOR THE COURT

BY:


BRYAN FARINAS, ESQUIRE

Lydecker | Diaz

390 N Orange Avenue, Suite 1295

Orlando, Florida 32801

Phone: (407) 255-2070

Fax: (407) 985-4545

Attorney for Defendants, Renaissance Behavioral
And Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

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THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Child and Family Guidance Center
16861 Parthenia Street
North Hills, CA 91343

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz, 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

P.L.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of any and all medical records from the date of commencement of such records to the present
pertaining to the care, treatment, examination, evaluation, and/or transport for any condition or injury regardless of the
date thereof pertaining to the above-identified patient, including, but not limited to:

- | | | |
|---|--|--|
| * Reports | * <u>Statements/invoices/billing ledgers</u> | * Correspondence |
| * Workers' Compensation claims | * Orders | * Memoranda |
| * Therapy records (PT, OT, Speech, etc.) | | |
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| * Medication records | * Insurance claims | * Records from other
healthcare providers |
| * Assignments of Benefits | * Lien information | |
| * <u>X-rays, MRI's, CT Scans, Angiograms, Echocardiograms</u> | | |
| * <u>Doppler studies, and all other radiological studies or imaging</u> | | |

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disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY: 

BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral and Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Comprehensive Community Health Center
12157 Victory Blvd.
North Hollywood, CA 91606

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

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Copies of any and all medical records from the date of commencement of such records to the present
pertaining to the care, treatment, examination, evaluation, and/or transport for any condition or injury regardless of the
date thereof pertaining to the above-identified patient, including, but not limited to:

- | | | |
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| * Reports | * <u>Statements/invoices/billing ledgers</u> | * Correspondence |
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disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY: 

BRYAN EARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral and Mental Health Resource

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IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
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CASE NO: 2012-CA-007765

Plaintiffs,

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Defendants.

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THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Office of the Secretary of the
Florida Department of Children & Families
1317 Winewood Blvd.
Building 1, Rm. 202
Tallahassee, FL 32399

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 4, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

P.L.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of the COMPLETE FILE pertaining to P.L.S., including but not limited to:

- 1. Documents pertaining to the removal of P.L.S. from his biological parents.**
- 2. Documents pertaining to the placement of P.L.S. into foster care.**
- 3. Documents pertaining to the removal of P.L.S. from foster care.**
- 4. The complete personnel file(s) for any and all case managers assigned to P.L.S. while in foster care.**

5. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to P.L.S..
6. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to in-home visits of P.L.S. while in foster care.
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It is hereby certified that the undersigned party has complied with 45 CFR § 164.508 (HIPAA) by service of a "Notice of Production from Non-Party" (pursuant to Rule 1.351, Florida Rules of Civil Procedure) on the attorney for the individual who is the subject of the health information being requested.

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(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and
(check one)

☐

No objections were filed; or

☐

All objections filed by patient were resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

DATED: _____, 2013.

FOR THE COURT

BY: 
BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral
And Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S., B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Medi-Cal
1501 Capitol Ave., MS 4400
Sacramento, CA 95814

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue, Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time and place the following:

RECORDS OF:

P.L.S. (see attached Pseudonym – not to be filled in the Court records)

1. Any and all claims forms, applications for benefits, or other documentation which has been submitted for or on behalf of the plaintiff. For benefits for payment of any and all claims made by plaintiff.
2. Any and all notices of accident or occurrence submitted by or on behalf of plaintiff.
3. Any and all medical records, medical reports, x-rays or other documentation regarding the physical or mental condition of plaintiff.
4. Any and all applications for benefits completed by or on behalf of plaintiff.
5. A certified copy of the policy of insurance providing benefits to P.L.S..

6. The entire contents of your claim file including any and all claims for which the plaintiff received benefits.
7. Any and all correspondence between yourself and any other person regarding the claim of plaintiff.
8. Any and all documentation of any payment made including but not limited to the plaintiff and/or any of the plaintiff's health care providers.

It is the intent of this Subpoena that each and every document and thing in your care, custody, or control, or available to you, no matter how insignificant that item might appear to the party to whom this Subpoena is directed, be produced. This Subpoena encompasses all documents and things, regardless of how old, including anything that might be on microfilm/micro-fiche or kept at another location.

TO COMPLY WITH THIS SUBPOENA, YOU ARE TO PRODUCE EACH AND EVERY DOCUMENT OR THING WHICH HAS EVER BEEN A PART OF YOUR FILE.

If any document or thing is not produced, you are to identify that document or thing by date, title, author, and recipient; and identify the person, pursuant to whose instructions the documents or things were not produced, by name, address, and employer. These items will be inspected and may be copied at that time. You will not be required to surrender the original items.

*****YOU MAY COMPLY WITH THIS SUBPOENA BY PROVIDING LEGIBLE COPIES OF THE ITEMS TO BE PRODUCED TO THE ATTORNEY WHOSE NAME APPEARS ON THIS SUBPOENA ON OR BEFORE THE SCHEDULED DATE OF PRODUCTION THEREBY ELIMINATING YOUR APPEARANCE AT THE TIME AND PLACE SPECIFIED ABOVE.*****

You may condition the preparation of the copies upon the payment in advance of the reasonable cost of preparation. You may mail or deliver the copies to the attorney whose name appears on this Subpoena and thereby eliminate your appearance at the time and place specified above. You have the right to object to the production pursuant to this Subpoena at any time before production by giving written notice to the attorney whose name appears on this Subpoena.

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(1) I have made a good faith attempt to provide written notice to the above-named patient that his/her protected health information has been subpoenaed:

(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and (check one)

☐

No objections were filed; or

☐

All objections filed by patient were resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY: 
BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral
And Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
The Village Family Services
6736 Laurel Canyon Blvd., Suite 200
North Hollywood, CA 91606

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
Suite 1295, Orlando, Florida 32801, on Monday, November 04, 2013 at 9:00 a.m., and to have with you at that time
and place the following:

RECORDS OF:

P.L.S. (see attached Pseudonym – not to be filled in the Court records)

Copies of any and all medical records from the date of commencement of such records to the present
pertaining to the care, treatment, examination, evaluation, and/or transport for any condition or injury regardless of the
date thereof pertaining to the above-identified patient, including, but not limited to:

- | | | |
|---|--|-------------------------|
| * Reports | * <u>Statements/invoices/billing ledgers</u> | * Correspondence |
| * Workers' Compensation claims | * Orders | * Memoranda |
| * Therapy records (PT, OT, Speech, etc.) | | |
| * Patient History Questionnaires | * Counseling records/reports | * Summaries |
| * Hospital admission records | * Handwritten and typewritten notes | * Outpatient records |
| * Charts | * Prescriptions | * Consultation Reports |
| * Rehabilitation records | * Test results | * Pathology reports |
| * Emergency Room records | * Flight transport records | * Disability statements |
| * Radiation therapy records | * Lab tests/reports | * Video tapes |
| * Medication records | * Insurance claims | * Records from other |
| * Assignments of Benefits | * Lien information | healthcare providers |
| * <u>X-rays, MRI's, CT Scans, Angiograms, Echocardiograms</u> | | |
| * <u>Doppler studies, and all other radiological studies or imaging</u> | | |

It is the intent of this Subpoena that each and every document and thing in your care, custody, or control, or available to you, no matter how insignificant that item might appear to the party to whom this Subpoena is directed, be produced. This Subpoena encompasses all documents and things, regardless of how old, including anything that might be on microfilm/micro-fiche or kept at another location.

TO COMPLY WITH THIS SUBPOENA, YOU ARE TO PRODUCE EACH AND EVERY DOCUMENT OR THING WHICH HAS EVER BEEN A PART OF YOUR FILE.

If any document or thing is not produced, you are to identify that document or thing by date, title, author, and recipient; and identify the person, pursuant to whose instructions the documents or things were not produced, by name, address, and employer. These items will be inspected and may be copied at that time. You will not be required to surrender the original items.

YOU MAY COMPLY WITH THIS SUBPOENA BY PROVIDING LEGIBLE COPIES OF THE ITEMS TO BE PRODUCED TO THE ATTORNEY WHOSE NAME APPEARS ON THIS SUBPOENA ON OR BEFORE THE SCHEDULED DATE OF PRODUCTION THEREBY ELIMINATING YOUR APPEARANCE AT THE TIME AND PLACE SPECIFIED ABOVE.

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Certification of Compliance With 45 CFR § 164.508, HIPAA

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(2) The notice I provided included sufficient information about the litigation or proceeding for which the protected health information is requested to permit the patient to raise an objection to the court or administrative tribunal; and

(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and
(check one)

☐

No objections were filed; or

☐

All objections filed by patient were resolved by the court or the administrative tribunal and the

disclosures being sought are consistent with such resolution.

DATED: _____, 2013.
FOR THE COURT

BY: 

BRYAN MARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral and Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
SABINUS, SR.

CASE NO: 2012-CA-007765

Plaintiffs,

v.

FAMILY SUPPORT SERVICES
OF NORTH FLORIDA, INC.,
MENTAL HEALTH RESOURCE
CENTER, INC., RENAISSANCE
BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

(THIS WILL NOT BE A DEPOSITION. NO TESTIMONY WILL BE TAKEN)

If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Registered Agent: BROWN, ROBERT GJR
Boys' Home Association, LLC
2354 UNIVERSITY BLVD., N
JACKSONVILLE, FL 32211

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue, Suite 1295, Orlando, Florida 32801, on Monday, November 4, 2013 at 9:00 a.m., and to have with you at that time and place the following:

RECORDS OF:

E.M. (see attached Pseudonym – not to be filled in the Court records)

Copies of the **COMPLETE FILE** pertaining to E.M., including but not limited to:

1. Documents pertaining to the removal of E.M. from his biological parents.
2. Documents pertaining to the placement of E.M. into foster care.
3. Documents pertaining to the removal of E.M. from foster care.
4. The complete personnel file(s) for any and all case managers assigned to E.M. while in foster care.
5. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to E.M..

6. Any and all case management reports, logs, notes, evaluations, memorandums, and/or correspondences pertaining to in-home visits of E.M. while in foster care.
7. Any and all medical records pertaining to E.M., including medical examinations conducted by physicians and/or State personnel.
8. Any and all photographs of E.M.

It is the intent of this Subpoena that each and every document and thing in your care, custody, or control, or available to you, no matter how insignificant that item might appear to the party to whom this Subpoena is directed, be produced. This Subpoena encompasses all documents and things, regardless of how old, including anything that might be on microfilm/micro-fiche or kept at another location.

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(3) The time for the patient to raise objections to the court or administrative tribunal has elapsed, and (check one)

☐ No objections were filed; or

☐ All objections filed by patient were resolved by the court or the administrative tribunal and the

disclosures being sought are consistent with such resolution.

DATED: _____, 2013.

FOR THE COURT

BY: 
BRYAN FARINAS, ESQUIRE

Lydecker | Diaz
390 N Orange Avenue, Suite 1295
Orlando, Florida 32801
Phone: (407) 255-2070
Fax: (407) 985-4545
Attorney for Defendants, Renaissance Behavioral
And Mental Health Resource

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR DUVAL COUNTY, FLORIDA

P.L.S, B.P.S., minor children,
by and through their parent
and next friend, PHILIPPE
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CASE NO: 2012-CA-007765

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BEHAVIORAL HEALTH
SYSTEMS, INC.,

Defendants.

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

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If the charge for records exceeds \$50.00, please contact the undersigned attorney prior to copying.

THE STATE OF FLORIDA:

TO: RECORDS CUSTODIAN
Office of the Secretary of the
Florida Department of Children & Families
1317 Winewood Blvd.
Building 1, Rm. 202
Tallahassee, FL 32399

YOU ARE HEREBY COMMANDED to appear at the offices of Lydecker Diaz 390 N Orange Avenue,
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(check one)

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No objections were filed; or

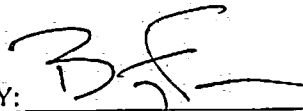
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All objections filed by patient were resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

DATED: _____, 2013.

FOR THE COURT

BY:



BRYAN FARINAS, ESQUIRE

Lydecker | Diaz

390 N Orange Avenue, Suite 1295

Orlando, Florida 32801

Phone: (407) 255-2070

Fax: (407) 985-4545

Attorney for Defendants, Renaissance Behavioral
And Mental Health Resource